

**Commonwealth of Kentucky**  
**Office of Insurance**  
**Division of Agent Licensing**  
**PO Box 517, Frankfort, KY 40602-0517**  
**(502) 564-6004**  
<http://doi.ppr.ky.gov/kentucky/>

## CONTINUING EDUCATION CERTIFICATE OF COMPLETION RENTAL VEHICLE MANAGING EMPLOYEE

**RENTAL VEHICLE AGENT:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_  
Name of Rental Vehicle Business Holding License Office of Insurance or Federal Employer Identification Number

**MANAGING EMPLOYEE:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_  
Licensed Rental Vehicle Managing Employee Name Office of Insurance or Social Security Number

	COURSE INFORMATION				COURSE PROVIDER INFORMATION		
	Course Title	Course Number	Course Completion Date	Credit Hours Earned by Managing Employee	Provider Name	Provider Certification Number	Course Instructor Name
1							
2							
3							
4							
5							
6							
7							
8							

**Certification of Licensed Rental Vehicle Agent** (Rental Vehicle Business Holding License)

As the authorized representative of the Rental Vehicle Agent, I certify that the licensed Managing Employee listed on this form has received the continuing education required by KRS 304 Subtitle 9 and 806 KAR 9:265 for each continuing education biennium. Further, I acknowledge that the Rental Vehicle Agent is required to maintain for at least 3 years the documentation verifying that this information is true and correct.

\_\_\_\_\_  
Signature Title Date  
Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Certification of Managing Employee**

I certify that I have completed at least 4 hours of Property and Casualty insurance and 2 hours of Ethics as required by KRS 304 Subtitle 9 and 806 KAR 9:265 for each continuing education biennium

\_\_\_\_\_  
Signature Date

\* Each continuing education biennium begins on your license date and ends at the last day of your birth month, next odd or even year depending on your birth year, pursuant to KRS 304.9-295.